



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$432646895
Outpatient Patient Service Revenue	\$147773038
Total Gross Patient Service Revenue	\$580419933

2. Deductions From Revenue

Contractual Allowance	\$403788845
Other Deductions	\$5429241
Total Deductions	\$409218086

3. Total Operating Revenue

Net Patient Service Revenue	\$171201847
Other Operating Revenue	\$4276662
Total Operating Revenue	\$175478509

4. Operating Expenses

Salaries and Wages	\$28352557	Employee Benefits	\$7718910
Depreciation and Amortization	\$3729394	Interest Expense	\$628780
Bad Debt	\$2788095	Other Expenses	\$70281500
Total Operating Expenses	\$113499236		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$61979273	Total Assets	\$148589149
Net Non-operating Gains over Loss	\$1208505	Total Liabilities	\$87445404

Total Net Gains	\$63187778
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$377788023	\$304297881	\$73490142
Medicaid	\$32676913	\$24790322	\$7886591
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$169954997	\$80129884	\$89825113
Total	\$580419933	\$409218087	\$171201846

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$192598	\$-192598
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$24079	\$-24079

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$8138401
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1462321	
HCI Payments	\$0		
Subtotal	\$0	\$1462321	\$-1462321
Medicaid Shortfalls	\$8087427	\$11678339	
Subtotal	\$8087427	\$79559910	\$-71472483
DSH Payments	\$0		
Subtotal	\$8087427	\$79559910	\$-71472483
Medicare Shortfalls	\$73040793	\$67881571	
Other Government Programs	\$0	\$0	
Total	\$81128220	\$147441481	\$-66313261

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7329	\$-7329
Community Assessment	\$0	\$215947	\$-215947
Provision of Taxes	\$0	\$5806898	\$-5806898
Other Allocations	\$0	\$0	\$0

Comments

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